

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
CLERK'S OFFICE  
2018 AUG 21 AM 10:45

ERIC MCCORMICK

Write the full name of each plaintiff.

18CV7622

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

1. MARS CHOCOLATE NORTH AMERICA LLC.
2. MARS INC.

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☒ Other: DIVERSITY

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

ERIC R MCCORMICK  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

#190508

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

WESTCHESTER COUNTY DEPARTMENT OF  
Current Place of Detention

10 Woods Rd  
Institutional Address

VALHALLA NEW YORK 10595  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

MARS CHOCOLATE NORTH AMERICA LLC.

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

HACKETTSTOWN

New Jersey

07840-1503

County, City

State

Zip Code

Defendant 2:

MARS INC

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

HACKETTSTOWN

New Jersey

07840-1503

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 10 Woods Rd. Valhalla, N.Y 10595

Date(s) of occurrence: AUGUST 12th 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON the ABOVE date and TIME of 12:08 PM I WAS CONSUMING a SNICKERS BAR CONTAINING MILK CHOCOLATE, PEANUTS, CARAMEL, NOUGAT. BAR code # 809DXWAC02-02 BEST BUY date 02/2019. NET WT 1.86 OZ. While chewing SAID BAR I BIT INTO a HARD, RIGID, piece OF PLASTIC, THAT WAS LODGED WITHIN SAID BAR; CAUSING ME a CUT WITHIN MY MOUTH THAT REQUIRED MEDICAL ATTENTION.

HERE DEFENDENTS ARE COLLECTIVELY LIABLE TO PLAINTIFF AS THEY BAKED, CREATED, AND DISTRIBUTED SAID CANDY BAR, ON BELIEF M&S CHOCOLATE NORTH AMERICA LLC IS a SUBSIDIARY OF M&S INC.

PLAINTIFF RAISES the FOLLOWING causes OF ACTION:  
a. MENTAL DISTURBANCE; b. RESPONDENT SUPERIOR; c. STRICT LIABILITY; d. GROSS NEGLIGENCE; e. INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; f. FRIGHT AND SHOCK.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

UNNECESSARY PAIN AND SUFFERING; PERMANENT SCARRING;  
PHYSICAL PAIN AND SUFFERING; mental disturbance;  
needless pain + suffering, fear of eating.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

COMPENSATORY DAMAGES IN THE AMOUNT OF \$100,000.<sup>00</sup>  
AGAINST ALL DEFENDANTS; PUNITIVE DAMAGES IN THE  
AMOUNT OF \$100,000.<sup>00</sup> AGAINST ALL DEFENDANTS;  
NOMINAL DAMAGES IN THE AMOUNT OF \$100,000.<sup>00</sup>  
AGAINST ALL DEFENDANTS.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 14<sup>th</sup> 2018  
Dated

[Signature]  
Plaintiff's Signature

ERIC

R

MCCORMICK

First Name

Middle Initial

Last Name

10 Woods Rd

Prison Address

Valhalla

County, City

NEW YORK

State

10595

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

August 14<sup>th</sup> 2018

**Statement Form**

I Make This Statement Freely and of my Own Accord (Print Name &amp; Statement):

on Sunday August 12<sup>th</sup> I  
observed Eric McCormick eating a Snickers bar at noon and I seen  
him spit out a hard sharp piece of plastic that cut the inside of  
His mouth what appeared to be a 1 inch cut on his inner lip

Notice: Pursuant to the Penal Law, Section 210.45, it is a crime punishable as a Class A misdemeanor to knowingly make a false statement herein.

Kerian Galbraith

Signature

Eric McCormick

Witness

A-Block

Location Where Statement Was Taken

8-14-18

Date

9:23 P.M.

Time

Complete if Subject is a Detainee:

Kerian Galbraith

Name

#

229224

Booking Number

A-Block-21

Cell Location

Complete if Subject is a Civilian:

Name

Street Address

City

State

Zip Code



ERIC MCCORMICK #190508  
10 WOODS RD. RECEIVED  
VALHALLA, NY 10989 SDNY DOCKET UNIT  
AUG 10 2018



United States District  
Southern District of New York  
Attn: pro se clerks office  
500 Pearl St  
New York, New York, 10007

illegal mail!!

USMP3  
SDNY